

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010356

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

207

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)

Columbia

Length of stay in 1b

26 Years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Rector Nursing Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Boone

c. CITY

Columbia

Inside Limits

Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)
1009 Clayton

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

MARY

Middle

ALMQUIST

Last

4. DATE
OF
DEATH

Month Day Year

March 17, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10-11-1881

9. AGE (last birthday)

81

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10b. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (City and state or country)

Lincoln Co., Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William Goos

13b. MOTHER'S MAIDEN NAME

Sophia Keeteman

14. NAME OF HUSBAND OR WIFE

Karl Philip Almquist

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Helen L. Almquist, Columbia, Mo.

18. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Ventricular fibrillation

INTERVAL BETWEEN ONSET AND DEATH

1/2 min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

myocardial ischemia

Unknown

DUE TO (c)

arteriosclerotic heart disease

Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6 Feb 54 to death and last saw her alive on 14 Mar 63

Death occurred at 11:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Elvis P. Rodgers M.D.

22b. ADDRESS

210 S. Tenth

22c. DATE SIGNED

18 Mar 63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

23b. DATE

3-19-1963

23c. NAME OF CEMETERY OR CREMATORY

Valhalla Crematory

23d. LOCATION (City, town, or county)

St. Louis, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Parker Funeral Service, Columbia, Mo.

25. DATE RECD. BY LOCAL REG.

Mar 18, 1963

26. REGISTRAR'S SIGNATURE

Mrs RE Palmer

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

George A. Kirby

Licensed Embalmer No.

4752

P. O. Address

Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.